

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 ■ Print your name and address on the reverse so that we can return the card to you.
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

American Overseas Maritime Corporation
 Attn: Claims Department
 100 Newport Ave. Ext
 Quincy, Massachusetts 02171-1734

2. Article Number
 (Transfer from service label)

7004 2510 0000 9635 7029

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-14

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X Nancy M. Young

☐ Agent

☐ Addressee

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 ■ Print your name and address on the reverse so that we can return the card to you.
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

U.S. Military Sealift Command
 Attn: Claims Department
 100 Newport Ave. Ext
 Quincy, Massachusetts 02171-1734

2. Article Number
 (Transfer from service label)

7005 1160 0001 2556 6841

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Nancy M. Young

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Nancy M. Young

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes